

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10813482 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57	1		1			
58		0		2		
59		0		2		
60		0		2		
61		1		1		
62	1		1			
63		2		2		
64		2		2		
65		2		2		
66		2		2		
67		2		2		
68		2		2		
69		2		2		
70		2		2		
71		2		2		
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99						
100						
TOTAL IND.	2		2			
TOTAL DEP.	30		33			
TOTAL CLAIMS	32		35			